LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV
MEETING MINUTES
July 10, 2014

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS PRESENT *(cont.)*	COMMISSION MEMBERS ABSENT	DHSP STAFF
Michael Johnson, Esq., *Co-Chair*	Mitchell Kushner, MPH, MD	Michelle Enfield	Kyle Baker
Ricky Rosales, *Co-Chair*	Bradley Land	Lilia Espinoza, PhD	Carlos Vega-Matos, MPA
Alvaro Ballesteros, MBA	Ted Liso/Douglas Lantis, MBA	Suzette Flynn	Juhua Wu, MA
Joseph Cadden, MD	Abad Lopez	Patsy Lawson/Miguel Palacios	
Raquel Cataldo	Miguel Martinez, MSW, MPH	Marc McMillin	
Kevin Donnelly	Ismael Morales	Victoria Ortega	**COMMISSION STAFF/CONSULTANTS**
Dahlia Ferlito, MPH *(pending)*	José Munoz	Shoshanna Scholar	
Susan Forrest	Angélica Palmeros, MSW	LaShonda Spencer, MD	Dawn McClendon
Aaron Fox, MPM	Mario Pérez, MPH	Fariba Younai, DDS	Jane Nachazel
Lynnea Garbutt	Gregory Rios		James Stewart
David Giugni, LCSW	Juan Rivera/Rev. Alejandro Escoto, MA		Craig Vincent-Jones, MHA
Terry Goddard, MA	Jill Rotenberg		Nicole Werner
Grissel Granados, MSW	Terry Smith, MPA		
Joseph Green/Erik Sanjurjo, MA	Jason Tran		
Kimler Gutierrez *(pending)*	Monique Tula		
Ayanna Kiburi, MPH	Terrell Winder		
AJ King, MPH	Richard Zaldivar		
Lee Kochems, MA			
PUBLIC			
Francisco Cabas	Virginia Cabrera	Jury Candelario	Calvin Chang
Cynthia Chavez	Nicolas Cho	Geneviéve Clavreul, RN, PhD	Katya De La Riva
Niki Dhillon (by phone)	Cindy Dizon, RN	Joaquin Espinoza	Miguel Fernandez
Michi Fu, PhD	Liz Hall (by phone)	Dan Ichinose	Miki Jackson
Mike Jones	Uyen Kao	Terina Keresoma	Joseph Leahy
Chui Hing Ma	Sana Majid	Mark Masaoka	Yvonne Morales
James Moran	Ayaka Nakaji	Daniel Nguyen	Darrell Nichols
Jason Okrannaga	Jorge Orellena	William Paja	Michael Pitkin
Craig Pulsipher	Tania Rodriguez	Gayle Rutherford	Raquel Sanchez

PUBLIC *(cont.)*			
Xochitl Santamaria	Kevin Stalter	John Thompson	Alisi Tulua
Elaine Waldman	Jason Wise		

1. **CALL TO ORDER**: Mr. Rosales opened the meeting at 9:20 am.
   A. Roll Call (**Present)**: Ballesteros, Caddan, Cataldo, Donnelly, Ferlito, Forrest, Goddard, Granados, Johnson, King, Kochems, Kushner, Liso/Lantis, Martinez, Morales, Palmeros, Rios, Rivera, Rosales, Rotenberg, Smith, Tula, Winder, Zaldivar

2. **APPROVAL OF AGENDA**:
   MOTION 1: Adjust, as necessary, and approve the Agenda Order ***(Passed by Consensus)***.

3. **APPROVAL OF MEETING MINUTES**: This item was postponed.

4. **PUBLIC COMMENT *(Non-Agendized or Follow-Up)*:**
   - Mr. Pitkin reported attempting to access Skid Row services, but most say they are full. He found housing information from the Commission confusing and requested Commission member contact information by seat and affiliation for follow-up.
   - Ms. Dizon, RN, Central City Community Health Center, reported a new clinic in downtown Los Angeles joins their three sites in Orange County and one each in Norco and South Central. The latter offers testing. Flyers were on the resource table.
   - Dr. Clavreul, RN, PhD, reported Vermont, Massachusetts and Pennsylvania are still trying to ban the new FDA-approved Zohydro ER, the first acetaminophen-free opiate. Not only is this an important medication for those with chronic pain, but reflects the larger issue of states interfering with FDA-approved medications. For information go to theworldasiseeit.com.
   - On another issue, the new Martin Luther King Hospital is scheduled to open in 2015. The Board recently approved over $300 million for the first year and $100 million annually for 40 years, but held no public hearings. She will request review.
   - Mr. Nichols reported Exodus Mental Health welcomed Women Alive, which likely offered the only heterosexual support group, after it lost funding a year ago. He requested Technical Assistance to address this new population for his agency. The support group includes 10-15 people who have been HIV+ for 5-20 years. General education on HIV among heterosexuals is poor, e.g., the Department of Mental Health site in Watts questioned the need his flyers. Financial help would be welcome.
   - Mr. Thompson, Children's Hospital of Los Angeles, is the new Linkage to Care (LTC) Coordinator. The program assists newly diagnosed or are out of care young people aged 15-24 connect to care and support services of their choice countywide.
   - Ms. Morales is LTC Coordinator, Maternal Child and Adolescent/Adult Center, USC. Services include obstetrics, testing, pharmacy, care for females 18 or over not on medication and LTC for youth up to 24 not in care or out of care six months.
   - Ms. Majid said the UCLA Care Center for Clinical Research and Education engages in HIV- and AIDS-related clinical trials. She announced a gene therapy trial for those currently off ARV with CD4 over 500 and a Viral Load. PrEP recruitment is ongoing.

5. **COMMISSION COMMENT *(Non-Agendized or Follow-Up)*:**
   - Mr. Goddard said the Housing Authority of Los Angeles will issue 130 Section 8 vouchers in the next 10 months. HOPWA will fund the first year and then clients will transition to the voucher program. Clients need not be homeless, but must be HIV+ and a US citizen with income eligibility at 50% of Median Area Income. Access is only via a HOPWA specialist. Contact Maria Amadore, 323.344.4868. More information and a list of Short Term Rental Assistance agencies were on the resource table.
   - Ms. Rotenberg announced the next SPN 4 meeting will be 7/17/2014 at Bienestar in Hollywood. Meetings are regularly the third Thursday of the month at 12:00 noon. Contact Ms. Rotenberg at 323.201.4516 for more information.

6. **CONSENT CALENDER**:
   A. Policy/Procedure #08.2107: Consent Calendar:
   MOTION 2: Approve the Consent Calendar, with agenda motions revised or removed as necessary ***(Withdrawn)***.

7. **HIV COMMUNITY COLLOQUIA SERIES:**
   Numbers You Can't Ignore: Determinants and Disparities Among Asians and Pacific Islanders:
   - Ms. Kao, UCLA Center for HIV Identification, Prevention and Treatment Services (CHIPTS) introduced Jury Candelario, Division Director, Asian Pacific AIDS Intervention Team (APAIT) and Board Member, California Asian Pacific Islander Community Action Network. The presentation video will be available on the CHIPTS website, www.chipts.ucla.edu.

- Mr. Candelario reported the Asian American and Native Hawaiian/Pacific Islander (NHPI) community is one of the fastest growing ethnic communities locally, statewide and nationally. Dean Goishi, Founder, APAIT, developed much of the HIV/AIDS infrastructure locally and nationally. APAIT will honor him with a Pioneers documentary at APAIT on 8/12/2014.
- He introduced panelists: Mr. Ichinose, Project Director, Demographics Research Project, Asian Americans Advancing Justice, a civil rights organization; Ms. Tulua, Program Manager, Empowering Pacific Islander Communities; Dr. Fu, Associate Professor, Psychology, Aliant International University and Statewide Prevention Projects Director, Pacific Clinics.
- Mr. Ichinose said the Demographics Research Project provides data for grant writing, program planning and advocacy work.
- Their new report on Asian Americans and NHPI in Los Angeles County promotes understanding, compiles government and academic data to increase accessibility and includes disaggregated data on over 30 Asian American and NHPI ethic groups.
- The County has 1.5 million Asian Americans for 15% of the population, the largest nationwide. Chinese, Filipino and Korean are the largest sub-populations, but nine overall are the largest nationwide. There are 54,000 NHPI for 1% of the population, the largest outside of Hawaii. Samoan Americans and Native Hawaiians are the largest NHPI sub-populations.
- The Asian American population grew 20% between 2000 and 2010, almost twice the 11% Latino rate, while NHPI grew 9%. Total County population grew just 3% so diversity is increasing. All but three Asian American NHPI populations grew at rates faster than the County's with smaller and newer populations growing the fastest. e.g., Bangladeshi, Pakistani, Sri Lankan and Indian among Asian Americans; and Fijian and Tongan among NHPI.
- Both populations are countywide with largest numbers in the City of Los Angeles. Largest percentages of Asian Americans are in the San Gabriel Valley and the largest NHPI in the South Bay. In 2000, just seven cities were majority Asian American. There are now 13 with Monterrey Park the highest at 68%, but some of the fastest growing populations are in other areas, e.g., Santa Clarita and Pasadena. NHPI populations are reaching critical mass in areas such as Torrance and Lakewood.
- Asian Americans are the most proportionately immigrant at 64% compared to 36% of the County overall. One million County residents speak an Asian or NHPI language. Over 530,000 Asian Americans (39%) and 4,100 NHPIs (10%) are limited English proficient including a majority of Burmese, Cambodian, Korean, Taiwanese and Vietnamese Americans.
- There was a dramatic increase in unemployed and poor Asian Americans and NHPI after the economic crisis. Unemployed NHPI grew more than 111% and Asian Americans 89%. 150,000 Asian Americans and 6,000 NHPI live below the poverty line while 380,000 Asian Americans and 13,000 NHPI are low income especially Tongans, Bangladeshi and Cambodians.
- Key report findings are: larger communities, greater diversity, greater geographic dispersion and growth in poverty. The full report is available online at advancingjustice-la.org.
- Ms. Tulua is often asked if HIV is an issue in NHPI communities, but says she is unsure for two reasons. First, the community is very religious with anything related to sexual activity not discussed making it hard to PLWH or those getting screened. There is also a lack of NHPI health data and even less HIV-specific data. What exists tends to be combined in Asian/NHPI data. The lack of information and data hampers advocacy for education, prevention and screening.
- The Commission can help raise provider and NHPI community awareness about HIV. For example, the Commission can include NHP when addressing pertinent high-risk factors such as high poverty and low education rates.
- Dr. Fu referenced the California Reducing Disparities Project (CRDP) Asian Pacific Islander (API) Population Report from a two-year Statewide Prevention Projects study and API data from the CRDP LGBTQ Population Report.
- Access to care and support for access to care is a key challenge. There are practical barriers such as lack of transportation or lack of health insurance due to undocumented status. On another level, culturally appropriate services may be unavailable. Language barriers are very important, but so are cultural knowledge and inclusion of pertinent spirituality with holistic care.
- Staff shortages are a notable barrier due to the need for language and cultural competence such as nuances of indirect communication. Including family is especially important since the culture is collectivistic.
- Stigma is an emerging concern in the mental health field for API. Loss of face is a major cause of stigma as an API barrier. Loss of face pertains to both the current family and its descendants. Many API languages have no direct translation for mental health or illness terms. Terms that do exist have a negative connotation, e.g., "crazy" has an outcast connotation.
- Resources are insufficient for culturally appropriate services, e.g., a mental health case manager may speak a language, but translation for that service alone is not allowed. Resources are also insufficient to combat stigma with outreach
- Immigration and marriage equality is especially complex for the Asian American/NHPI populations and poses a deportation risk. Statistically, same sex couples have lower education levels and possibly limited finances. Discrimination, violence and harassment are on multiple levels since the person is LGBTQ, a racial/ethnic minority and possibly a woman or transgender.
- Fear of rejection or family related stressors are important for Asia American and NHPI populations. Choosing between culture and LGBTQ status is especially problematic as the culture can be heterosexist and lead to internalized homophobia.
- Mr. Candelario acknowledged the HIV Caucus and the Asian Pacific Policy and Planning Council for their decades of work.

- Challenges remain in disaggregating Asian American/NHPI data, but DHSP is in the forefront. 2013 HIV Annual Surveillance Report data includes 2,200 API PLWH with 90% male and 10% female including transgender male-to-female. Approximately 5% of APAIT's female population is transgender. Most PLWH are 30-39 with a quarter each 20-29 and 40-49.
- The second largest API category is "Unknown Asian Ancestry" exemplifying the difficulty with aggregated data. Filipino is first with 542 cases followed by Chinese, Japanese and Taiwanese.
- APAIT finds stigma, shame and loss of face major barriers especially among gay Filipino HIV+ men. Collectivism is another key issue especially among immigrant communities. Mental health and substance abuse are critical service components so APAIT provides an integrated behavioral health service continuum for the HIV- though the unaware and PLWH.
- APAIT has a new partnership with a Federally Qualified Health Center (FQHC), Central City Community Health Center, to provide one-stop services. In addition to Asian Americans and NHPI, APAIT's outpatient HIV clinic serves the larger community including Latinos, African Americans and Caucasians. Providers that offer culturally competent care to the diversity of communities of color are critical as are partnerships of such providers with FQHCs.
- Mr. Zaldivar asked about Asian American and NHPI hate crime data and its LGBTQ subset. Dr. Fu noted Asian Americans respond to an LGBTQ youth reporting a hate crime differently than the mainstream. East Asian Confucian values expect family members to perpetuate the lineage so parents do not support LGBTQ status and tend not to report hate crimes.
- Mr. Zaldivar asked about conversations between mental health professionals and spiritual leaders. Dr. Fu reported some initial conferences, but progress is slow compared to other communities. A few spiritual communities have small mental health units to respond to crises, e.g., natural disasters and PTSD. Most NHPI populations are some form of Christian, e.g., Catholic, Congregational, Methodist and Mormon. Buddhism is common among East Asians and Indians. It is difficult to assess religious affiliations among Chinese due to political issues. Some subpopulations follow folk religious rituals.
- Rev. Escoto reported a coalition of some dozen churches is part of a California-based mental health wellness program. His Metropolitan Community Church is the only one that addresses the needs of Latinos, but the program seeks to expand to other communities. Pastors are often the first to hear issues so need to be equipped to hear and, at least, refer.
- Mr. Candelario noted API Equality LA had a faith committee to dialogue with spiritual communities during the campaign. APAIT is nearly 27 years old, but has just begun to develop relationships with the Korean community and religious groups since moving to the Pico-Union area near Koreatown three or so years ago. APAIT has also been working with several faith-based, mom-and-pop substance use treatment programs to address HIV co-morbidities. Building rapport takes time.
- Ms. Tulua said religious leaders may be resistant to education on HIV-related issues due to ingrained beliefs. Empowering Pacific Islander Communities has focused leadership development activities on youth to lay the groundwork for change.
- Mr. Smith asked about protective and resiliency factors. Dr. Fu replied the collectivistic nature of the culture is both protective and a barrier. Families will generally care for a member with mental or physical disabilities, but will keep the person indoors, e.g., there are few wheel chair ramps in Taiwan. People will say of a family member not at a gathering that he or she is fine and being cared for, but that is code for a problem. Neither the person nor problem are discussed.
- It is hard to capture data due to how it is collected, e.g., one outcome measure for the mental health program was whether a person over 18 could live independently. Mainstream culture considers that a good measure, but adult Asian Americans are expected to live in harmony with parents or care for adult siblings. The ability to do so is a sign of mental health.
- Ms. Granados reported the number of male psychiatric mental health clients is increasing. Previously there were none. A Cambodian group brings their families, but younger clients or those between cultures remain secretive and only refer to mental health issues as being "stressed out." Homelessness is also an issue and considerable shame is associated with it.
- Mr. Ichinose added the Asian American homeless population increased over 40% between 2007 and 2011.
- Mr. Lopez asked how to increase research. Mr. Candelario reported a new study targets monolingual or limited English speaking Chinese and Korean female commercial sex workers. Engaging NHPI communities in research, especially on HIV or STDs, is challenging due to stigma and mistrust because previous researchers gathered data and then did no follow-up.
- Mr. Inchinose added there are challenges such as translation into five or six languages and over-sampling smaller groups.
- Dr. Fu noted many elders do not understand the value of questions they are asked. Universities have done well partnering with community-based organizations. Mr. Candelario added research must be an equal partnership with the community.
- Mr. Stalter, Thrive Tribe, said approximately 20% of members are from these populations and often are uncomfortable with their physicians. He suggested a referral list of culturally competent physicians and HIV specialists who understand family dedication and shame issues. Many have an issue keeping medication at home since they live with, and may support, their parents. He suggests using a vitamin bottle. Mr. Candelario noted some clients have medications mailed to the office.
- He added an African American client commented APAIT was the first time his physician looked at him rather than typing. Time is always an issue, but making a one-on-one connection with the patient is critical to HIV medical care.

- Request information from Marshall Wong, County Human Relations Commission, on hate crimes pertaining to Asian American and NHPI populations and the subset of data for LGBTQ.

9. **CO-CHAIRS' REPORT**:
   - **A. Co-Chair Elections**: Ricky Rosales was nominated. There were no other nominations.
     MOTION 3: By majority vote of the members in attendance Ricky Rosales was elected Co-Chair to a two-year term starting on January 1, 2015 to succeed the current one-year term of the incumbent ***(Passed by Consensus)***.
   - **B. "Sign-In/Out" Procedures**: Mr. Johnson reminded Commission members to sign in on arrival at meetings and sign out if leaving before a meeting's end. The procedure verifies attendance for stipends and applies to all Commission members in order to treat all equally. It also serves to verify quorum for votes.
   - **C. Member Recognition**: Mr. Baker and Mr. Vega-Matos were honored with awards for their dedication and commitment in meeting the needs of PLWH. They work tirelessly to harmonize DHSP's partnership with the Commission and bring services to the community as quickly as possible. The Consumer Caucus voted the honors unanimously at its last meeting.

10. **EXECUTIVE DIRECTOR'S REPORT**:
    - Mr. Vincent-Jones replied to Mr. Pitkin's public comment request for a Commission member contact list. A list is being prepared for Commission members. Much of the information is private, however, so it is inappropriate for public release.
    - Mr. Vincent-Jones reiterated that messages can be relayed to Commission members via the Commission office.
    - **A. HRSA Technical Assistance (TA): Unmet Need Assessment and Leadership Development**:
      - Mr. Vincent-Jones said Emily Gantz McKay will provide HRSA TA for unmet need analysis. HRSA called for improved understanding of unmet need in its jurisdiction audit some 18 months ago. The jurisdiction does more than most, but expectations for its work are higher. Ms. McKay will initially present at PP&A on 7/22/2014 and will continue to assist.
      - The HRSA definition of unmet need is PLWH who are aware of their status, but not in care as defined by no CD4 in the past 12 months. It is a hard population to reach since, by definition, they are not receiving care at agencies.
      - This year's Los Angeles Coordinated HIV Needs Assessment (LACHNA) will integrate care and prevention. That approach may help locate PLWH with unmet need as they are more likely to be among the population targeted as prevention. Previously, LACHNA surveyed those who had been out of care in the prior six months, but numbers have been too small for reliability. Focus groups and more qualitative data will likely be required to develop unmet need data.
      - Mr. Vincent-Jones also expressed concern about estimates for those unaware they are HIV+. They present added difficulties since testing and medical follow-up are required, but ways to include them in LACHNA are being considered.
      - HRSA also wanted to provide leadership development TA from a consumer perspective. The Commission views consumers differently than most planning councils so has chosen to focus on a self-advocacy training module. The topic will aid all Commission members to better make their point whether in a planning context or a service context, e.g., to access needed care. Training is being developed with the consultant. It is tentatively scheduled for 9/4-5/2014.
      - Mr. Zaldivar urged opening training to the broader community. Mr. Vincent-Jones replied HRSA intended training for consumers which it defines as PLWH. HRSA is also, however, looking to the Commission for ideas on how to integrate planning councils, e.g., revision of the P-and-A process to include prevention. The Commission has stressed that the consumer definition must change. Mr. Zaldivar suggested training for community PLWH, but Mr. Vincent-Jones said the first training will be a pilot. It can be adapted and expanded later. HRSA is unlikely to object to expansion later.

11. **PARLIAMENTARY TRAINING**:
    - Mr. Stewart reviewed responsibility for motions. A motion belongs to the body as a whole once a Co-Chair states it is on the floor. The body can handle it as it chooses. It no longer belongs to the Committee or Commission member who made it.
    - "Friendly amendments" do not exist. Commission members do not need approval from the maker of the motion to offer an amendment or follow-up motion nor do they need exact language because the body can help develop it.

12. **CALIFORNIA OFFICE OF AIDS (OA) REPORT**:
    - **A. California Planning Group (CPG)**: Ms. Hall, Care Branch reported the first in-person CPG meeting was 6/25-26/2014. CPG roles and responsibilities and OA work were discussed. Francisco Cabas, LA LGBT Center and Dina Adams, Department of Public Health, Fresno County were elected Community Co-Chairs. Notes will be posted on the CPG page of the OA website.
    - **B. OA Work/Information:**

- Ms. Dhillon, Chief, ADAP Branch reported the FY 2014-2015 budget was signed by the Governor on 6/20/2014. There were no changes to the $6.6 million General Fund support for HIV/AIDS surveillance programs.
- Dr. Karen Mark, Chief, OA, recently participated in a federal Health and Human Services listening session in San Francisco. Douglas Brooks, recently appointed Director, Office of National AIDS Policy (ONAP), reported ONAP plans to update objectives of the National HIV/AIDS Strategy (NHAS), but will not significantly revise its major goals. Dr. Mark participated on a local panel that provided an update on California's progress in meeting NHAS goals
- Ms. Hall said the Department of Health Care Services (DHCS) increased the AIDS Medi-Cal Waiver Program reimbursement rate for homemaker services to $3.20 from $2.89 per 15 minute unit as of 7/1/2014. It aligns with the new minimum wage. OA continues to address additional Medi-Cal Waiver Program service rate increases with DHCS.
- OA received its final Ryan White Part B Notice of Grant Award. There were no significant changes to the award so HIV Care Program contract funding allocations will remain the same as those for 2013. OA is working to release allocations.
- Ms. Dhillon reported the ADAP Branch has released two management memorandums. Both are posted on the website.
- The first memorandum, released 6/20/2014, informs enrollment workers that the grace period for transitioning clients to Medi-Cal Expansion has been increased from 45 to 90 days due to an application processing backlog.
- The other memorandum, released 7/7/2014, informs ADAP enrollment workers about submission of client update forms for clients who have submitted an OA-HIPP application. OA staff will update Ramsell and change codes after it has submitted and the plan has applied payment to the client's account to ensure medication is not interrupted.
- The FY 2014-2015 budget includes $3 million for HIV prevention demonstration projects focusing on innovative, evidence-based approaches to outreach, screening, linkage to care and retention in care. OA will release a Request For Applications to fund up to four projects for those activities.
- The California Department of Public Health awarded the OA Prevention Branch a three-year block grant, with $500,000 per year, as part of CDC's Preventive Health and Health Services grant. Funding will support increased field worker staff using Alameda, Orange and San Diego jurisdiction local HIV surveillance data to: offer partner services to the newly diagnosed; identify PLWH not in care per laboratory test data, offer them partner services and work to re-engage them in care by helping overcome barriers; provide partner services for PLWH co-infected with syphilis and gonorrhea.
- Mr. Land asked about Hepatitis B and C co-infection and the availability of pertinent medications on the ADAP formulary. Ms. Dhillon noted, as reported the prior month, two new Hepatitis C medications are being added to the formulary. A prior authorization form will be required due to the high cost of the medications.
- Mr. Rivera reported insurance coverage of the two new Hepatitis C medications was routine in January, but is now nearly impossible due to testing, physician documentation and treatment failure required to prove need. He asked if ADAP will fill the gap. Ms. Dhillon believed most insurance plans use an approach similar to Medi-Cal and ADAP so differences will be rare. Those without advanced liver disease should be eligible for the Patients' Assistance Program.
- Mr. Pérez said the discussion highlights the need for vigilance about private plans' standards and access. Creating an environment with limited access and expecting Ryan White to meet the need is unsustainable in a state with large numbers of PLWH, many co-infected with Hepatitis C. He urged state partners to ensure plans address the need despite market forces. Ms. Dhillon noted ACA ensures required medications, e.g., for advanced liver disease.
- Mr. Johnson said the Commission has often discussed the need for plans to incorporate standards of care developed by the state's planning councils for PLWH. OA could take a leadership role in establishing a state standard of care. Beyond market forces and profit margins, plans have not dealt with the complexity of HIV in the past. They need education.
- Mr. Liso asked when OA would begin filling the gap of laboratory costs. Despite paying for insurance, he can no longer afford his $100 per month cost for normative HIV tests and has no access to diagnostic tests. He also urged adding fluoride toothpaste to the ADAP formulary as it is too expensive for many like him to purchase.
- Ms. Dhillon replied out-of-pocket medical costs were included in the budget. OA is working on a Request For Proposals for a Third Party Administrator. The goal is to implement payments by January 2016.
- Mr. Fox asked about a memorandum on payer of last resort and Part B funding that said Ryan White cannot cover any core medical services since ACA now covers essential services. He felt the memorandum was vague and did not address coverage variations by plan, e.g., Ryan White should cover needed mental health visits that exceed a plan's cap.
- Ms. Kiburi replied a new memorandum will be issued soon to clarify all the services now covered by Medi-Cal including mental health and substance abuse as well as Ryan White coverage of needed services that are not covered.

➲ OA will report on ADAP formulary Hepatitis B and C medications and other access options. The authorization form for the two new Hepatitis C medications and the management memorandum will be forwarded for inclusion in the packet.

➲ Ms. Dhillon will report back on release of the HIV prevention demonstration projects Request For Applications.

13. **DIVISION OF HIV/STD PROGRAMS (DHSP) REPORT**:

A. Administrative Agency:

- Mr. Pérez acknowledged the Commission is a newly integrated body with many federal mandates and expectations from both our HRSA and CDC partners. The health care financing environment also continues its rapid change which impacts DHSP's ability to spend and shift resources and maximize grants. That said, he urged a joint Commission/DHSP focus to complete jurisdiction required deliverables over the next few months.
- HRSA expects a Minority AIDS Initiative (MAI) plan. MAI is an additional allocation to the Part A award that supports services to enhance minority population health outcomes. MAI now supports oral health, medical care coordination and linkage to care. There have been differences in spending tied to those services and federal resources need to be maximized so there is a need to revise the plan for this year. The revised plan is due to HRSA 7/18/2014.
- Percentage allocations for this year will be addressed under PP&A. Those allocations are due to HRSA 7/18/2014.
- DHSP received the Part A application guidance for services starting 3/1/2014. The application is due 9/19/2014, one month earlier than usual, so deliberations and the letter of concurrence need to be accelerated. There are also HRSA deadlines in August for the Part A and MAI allocation tables, the Commission roster to ensure reflectiveness of County PLWH and an implementation plan for core medical and support services consistent with Commission priorities.
- He urged tempering other Commission expectations to meet these nonnegotiable federal grant requirements.
- The Commission budget also must be done to support crucial needs, e.g., LACHNA and staff. It is past due. Mr. Vincent-Jones said work continues with the Executive Office. The HOPWA budget caused delay, but it should be done in a week.
- Messrs. Fox and Zaldivar, Public Policy Co-Chairs, volunteered to scale back the Committee's work to free staff time.
- Mr. Vincent-Jones reported staffing plans have been discussed with the Executive Office. The epidemiology analyst hire is moving forward to the required Live Scan with background check. Other vacancies are for a Senior Secretary III and an Administrative Assistant III who will be English/Spanish bilingual both spoken and written. New County lists have been released and the Executive Office is identifying candidates to interview. A Student Worker will also be hired.
- The County has a 120 day per year consultancy program for retirees. That can possibly be used to bring Carol Echols-Watson back to help with the launch of information referral services and Doris Reed to possibly help with SBP.
- Work on purchase orders for four or five consultants was paused due to the end of the fiscal year, but is resuming.
- The Commission will also request allocation of a Health Program Analyst, a new County item. It should be helpful since most County items for offices like the Commission's are administrative or managerial, but not content-oriented.
- Ms. Tula felt the Commission was a national leader in integration, but work plans should be slimmed and prioritized.

B. HIV/STD Services: There was no report.

C. Research/Surveillance: There was no report.

14. **STANDING COMMITTEE REPORTS**:

A. Planning, Priorities and Allocations (PP&A) Committee: Attendees identified their conflicts prior to addressing allocations.

1) Realignment of HOPWA Services Consistent with Allowable Ryan White Services:

- Mr. Land noted for some time the Commission has been aware of redundancies in some Ryan White- and HOPWA-funded services. The increase in Ryan White funding offers the opportunity to coordinate those services under Ryan White while allowing HOPWA to better support other of its services.
- Motion 4 provides the overall framework for realignment while Motion 5 addresses pertinent allocations.

MOTION 4: Approve local procurement, funding and monitoring of current Residential (Residential Care Facility for the Chronically Ill [RCFCI], Transitional Residential Care Facility [TRCF]), Mental Health, Substance Abuse, Nutrition Support and Benefit Specialty services, consistent with their respective standards of care, from a HOPWA-funded to a Division of HIV and STD Programs (DHSP)-funded Ryan White service ***(Passed by Consensus; 1 Abstention)***.

MOTION 5: In order to invest resources necessary for services previously adopted under Motion 4 approved 7/10/2014, for those services designated and previously contracted through the local HOPWA system, the following actions are approved:

- if all or part of the realignment occurs in RW Part A or B FYs 2014 (3/2014-2/2015; 4/2014-3/2015), authorize the allocation of RW funds for those purposes up to or equal to the amount of the FY 2014 RW Part A award increase;
- incorporate all or the remainder of the realignment cost not expended in FY 2014 into the FY 2015 base allocations left intact or revised at the conclusion of the FY 2015 Priority- and Allocation-Setting Process ***(Passed: 29 Ayes; 0 Opposed; 1 Abstention)***.

2) FY 2014 RW Part A/B Allocation Adjustments in Accordance with RW Award:

- Mr. Pérez proposed revising Motion 6, bullet three to provide flexibility to allocate funds to eligible Ryan White categories besides those targeted in bullet one should the targeted categories be unable to absorb the resources.
- Mr. Vincent-Jones advised the body that the original reference to "all service categories" was only meant to reflect that adding $1.7 million to funds will result in allocation adjustments, but not to proactively direct funds to other categories. The revision changes that to specifically permit increasing allocations to other categories.
- Mr. Pérez agreed, but noted he provided an update at the last PP&A meeting on year-to-date expenditure projections for the targeted service categories. Current spending does not exceed allocations for some of them e.g., agencies may be unable to expend funds even when willing. Mental Health, Psychiatry, for example, is a major need in the County, but too few psychiatrists are coming into the Ryan White network to deliver care.
- PP&A initially discussed allocation of additional Ryan White Part A funds two meetings ago. HOPWA realignment was a lead item at $600,000 of the $1.7 million to relieve HOPWA of some contractual burden so it could support more Section 8 vouchers and housing case managers. At the last meeting, DHSP reported HOPWA is also receiving an increase. DHSP continues to evaluate the situation, but this may warrant less funding than originally expected.
- Mr. Pérez felt the revised motion provided a framework to move forward with some flexibility within the current time constraints. This is month four- and a-half of the Ryan White Part A year, six- and a-half of the CDC year and a new County fiscal year just began. It is also month three- and a-half of the Part B year with DHSP only learning today funding will stay the same. DHSP will try to use additional funds in the targeted areas, but if funds cannot be maximized with those services by the end of the grant year then flexibility will be needed to maximize them.
- Mr. Land added DHSP is fully engaged with the Commission and PP&A which both will have two meetings per month for the next two months so any concerns can be addressed promptly. The revised version provides a framework that allows DHSP to meet impending grant deadlines with flexibility to ensure grants are maximized.
- Regarding Motion 8, Mr. Johnson clarified that the chief obligation of a Third Party Administrator (TPA) is to process and adjudicate claims and make payments according to a methodology supplied by a County department.
- Mr. Land added an established relationship with a TPA would facilitate addressing issues such as co-payments. Efforts have been hampered in the past by the County procurement process which takes some 18 months.

MOTION 6: Pursuant to a net increase of funds in RW Part A FY 2014 (3/2014-2/2015) due to an increased combined RW Part A and Minority AIDS Initiative (MAI) award of $1,738,211, plus or minus the change in the RW Part B funds awarded to LA County from the State Office of AIDS:

- increase allocations for Oral Health, Medical Care Coordination (MCC), Mental Health, Residential and Benefits Support services that total an amount equal to the net increase in the FY 2014 care and treatment funding;
- DHSP will determine increases in allocations, if any, to the service categories designated above based on best analysis and projections derived from FY 2013 and to-date FY 2014 service utilization, expenditure, contractual and infrastructure capacity, and consumer need data and trends;
- allocations increased due to the increased RW funding or the assumption of services under the HOPWA realignment, allocations adjusted to prioritized, targeted services and then to remaining eligible Ryan White service categories due to an increased base funding total, and final percentage and dollar allocations for all service categories in FY 2014 will be determined and finalized;
- schedule a PP&A Committee report back to the Commission itemizing those final allocation amounts within two months of an affirmative vote in favor of this motion ***(Passed: 28 Ayes; 0 Opposed; 1 Abstention)***.

MOTION 7: Recommend that DHSP use approximately $1-$1.5 million in Net County Cost (NCC) funds to pay for FY 2013-2014 Residential Service expenditures with RW Part B funds to:

- expand the availability of and access to Pre-Exposure (PrEP) and non-occupational Post-Exposure (PEP) Prophylaxis interventions (prescriptions and clinical support) to highly impacted populations and people at high risk of HIV infection through integrated clinical and prevention program sites; and
- request a report back to the Commission from DHSP within three months of an affirmative vote in favor of this motion on plans to implement the expenditure of those funds for those purposes ***(Passed: 29 Ayes; 0 Opposed; 0 Abstentions)***.

MOTION 8: Approve an additional FY 2014 priority- and allocation-setting directive to encourage the administrative agency, DHSP, to establish an ongoing contractual, retainer, consulting or staffing relationship with a Third Party Administrator (TPA) that can fulfill relevant specified management and programmatic needs, when identified, and request a report from DHSP within six months to update the Commission on options/alternatives allowed by the County and the Department of Public Health (DPH) to deploy a realistic strategy, timeline and necessary steps to implement such a relationship; and progress towards that goal ***(Passed by Consensus)***.

3) **FY 2015 Priority- and Allocation-Setting (P-and-A) Base Allocations:**
   - Mr. Land reported PP&A will be addressing significant FY 2015 work in the next few months including composites and other activities pertinent to disparities. Meanwhile, the FY 2015 application needs to move forward. This motion will provide a base allocation that will be adjusted as FY 2015 work continues.

   MOTION 9: Apply the FY 2014 care, treatment and prevention allocation methodologies to determine FY 2015 base funding allocations and forward to DHSP for use in the annual Ryan White Part A and CDC applications and for other, related purposes, as appropriate and with the understanding that these preliminary allocations may be adjusted at a later point in the FY 2015 Priority- and Allocation-Setting Process ***(Passed: 29 Ayes; 0 Opposed; 0 Abstentions)***.

4) **FY 2015 Priority- and Allocation-Setting (P-and-A): 2015 P-and-A Pledge Form:** Each Commission member annually signs the pledge form committing to active participation in the P-and-A process. Forms should be turned in to staff.

B. Operations Committee: Mr. Green reported that David Kelly resigned from the Commission the prior week.

1) **Member Renewal/Nomination Plan 2014:** The renewal application was delayed due to other staff work. Expected application release will now be July with interviews in August and approval/appointment in September.

C. Standards and Best Practices (SBP) Committee:

1) **Reconciling RW-Covered Oral Health Procedures with Denti-Cal Restoration:** Mr. Vincent-Jones reported the final product is being developed with DHSP. Dr. Younai will provide a process update at the next Commission meeting.

D. Public Policy Committee:

- Mr. Fox reported a letter regarding the backlog of Medi-Cal cases languishing at the state level has been sent to the Department of Health Care Services (DHCS) by a number of California groups, primarily for low-income advocacy. A lawsuit has also been filed by the Health Consumer Alliance regarding the backlog.
- The backlog relates to the ADAP grace period as it takes longer for clients to access their Medi-Cal pharmacy benefits.

1) **FY 2014-2015 State Budget Update:**
   - Mr. Fox noted since the last meeting the Governor signed the new budget and the new fiscal year has begun.
   - The first priority identified in January for this year was a full OA-HIPP/ADAP fiscal wrap-around for Covered California and other insurance plans. That was adopted in the May Revise and included in the new budget.
   - The other priority was to achieve re-investment of some State General Fund dollars into HIV programs. There has been no investment in any HIV program for five years. The final budget presented to the Governor by the Assembly and Senate included funding for just two of 18 public health programs. One of them was HIV.
   - $3 million is a good start to rebuild investment. He acknowledged AIDS Project Los Angeles, San Francisco AIDS Foundation and Project Inform. They reminded those in Sacramento of their obligation to address the epidemic.

2) **2015 Policy Agenda/Docket:** This item was postponed.

15. CITY/HEALTH DISTRICT REPORTS:

- Mr. Rosales welcomed Dahlia Ferlito to the City of Los Angeles AIDS Coordinator's Office. She joined two months ago.
- Contract negotiations for the current RFP process will be completed next week so contracts will be announced soon..

16. CAUCUS REPORTS:

A. Consumer Caucus:

- Mr. Liso reported Walt Senterfitt spoke at the last meeting on renewing advocacy in the fight against the epidemic, prioritizing goals, reshaping the definition of consumer to encompass those who are HIV- and developing self-advocacy.
- The Caucus was scheduled to meet after the Commission. It is developing its work plan and setting priorities. One priority identified at the prior meeting is to advocate for an HIV card to simplify medication access.

B. Transgender Caucus: Mr. Vincent-Jones reported their work plan is done. It includes a one-day conference in November to coincide with Transgender Awareness Day. The August Commission meeting colloquium will be on transgender issues.

C. Latino Caucus: The Caucus has not met.

17. AIDS EDUCATION/TRAINING CENTERS (AETCs): There was no report.

18. SPA/DISTRICT REPORTS: There was no report.

19. **TASK FORCE REPORTS**: There was no report.

20. HOPWA REPORT: There was no report.

21. **COMMISSION COMMENT:**

- Mr. Lester recommended projecting real time motion revisions during the meeting for improved clarity. Mr. Vincent-Jones said the technology was available, but he receives mixed feedback with some preferring it and others finding it confusing.
- ➲ Refer possibility of projecting real time revisions during the meeting to the Executive Committee for consideration.

22. ANNOUNCEMENTS: There were no announcements.

23. ADJOURNMENT: The meeting adjourned in memory of Hector Hernandez, AIDS Healthcare Foundation client and advocate for PLWH, who died the prior week; and Ferd Eggan, previous City of Los Angeles AIDS Coordinator, on the seventh anniversary of his passing, at 1:25 pm.

A. Roll Call (Present): Ballesteros, Caddan, Cataldo, Donnelly, Ferlito, Forrest, Fox, Garbutt, Goddard, Granados, Green, Gutierrez, Johnson, King, Kochems, Kushner, Land, Liso/Lantis, Lopez, Martinez, Morales, Palmeros, Pérez, Rios, Rivera/Escoto, Rosales, Rotenberg, Smith, Tula, Winder, Zaldivar

MOTION AND VOTING SUMMARY

MOTION 1: Adjust, as necessary, and approve the Agenda Order.	***Passed by Consensus***	**MOTION PASSED**
MOTION 2: Approve the Consent Calendar, with agenda motions revised or removed as necessary.	***Withdrawn***	**MOTION WITHDRAWN**
MOTION 3: By majority vote of the members in attendance Ricky Rosales was elected Co-Chair to a two-year term starting on January 1, 2015 to succeed the current one-year term of the incumbent.	***Passed by Consensus***	**MOTION PASSED**
MOTION 4: Approve local procurement, funding and monitoring of current Residential (Residential Care Facility for the Chronically Ill [RCFCI], Transitional Residential Care Facility [TRCF]), Mental Health, Substance Abuse, Nutrition Support and Benefit Specialty services, consistent with their respective standards of care, from a HOPWA-funded to a Division of HIV and STD Programs (DHSP)-funded Ryan White service.	***Passed by Consensus*** ***Abstention:*** Goddard	**MOTION PASSED** **Abstentions**: 1
MOTION 5: In order to invest resources necessary for services previously adopted under Motion 4 approved 7/10/2014, for those services designated and previously contracted through the local HOPWA system, the following actions are approved: ▸ if all or part of the realignment occurs in RW Part A or B FYs 2014 (3/2014-2/2015; 4/2014-3/2015), authorize the allocation of RW funds for those purposes up to or equal to the amount of the FY 2014 RW Part A award increase; ▸ incorporate all or the remainder of the realignment cost not expended in FY 2014 into the FY 2015 base allocations left intact or revised at the conclusion of the FY 2015 Priority- and Allocation-Setting Process.	***Ayes:*** Ballesteros, Cadden, Cataldo, Donnelly, Forrest, Fox, Garbutt, Granados, Green, Johnson, King, Kochems, Kushner, Land, Liso, Lopez, Martinez, Morales, Munoz, Palmeros, Pérez, Rios, Rivera, Rosales, Rotenberg, Smith, Tula, Winder, Zaldivar ***Opposed:*** None ***Abstention:*** Goddard	**MOTION PASSED** **Ayes**: 29 **Opposed:** 0 **Abstention**: 1

MOTION AND VOTING SUMMARY		
MOTION 6: Pursuant to a net increase of funds in RW Part A FY 2014 (3/2014-2/2015) due to an increased combined RW Part A and Minority AIDS Initiative (MAI) award of $1,738,211, plus or minus the change in the RW Part B funds awarded to LA County from the State Office of AIDS: ▸ increase allocations for Oral Health, Medical Care Coordination (MCC), Mental Health, Residential and Benefits Support services that total an amount equal to the net increase in the FY 2014 care and treatment funding; ▸ DHSP will determine increases in allocations, if any, to the service categories designated above based on best analysis and projections derived from FY 2013 and to-date FY 2014 service utilization, expenditure, contractual and infrastructure capacity, and consumer need data and trends; ▸ allocations increased due to the increased RW funding or the assumption of services under the HOPWA realignment, allocations adjusted to prioritized, targeted services and then to remaining eligible Ryan White service categories due to an increased base funding total, and final percentage and dollar allocations for all service categories in FY 2014 will be determined and finalized; ▸ schedule a PP&A Committee report back to the Commission itemizing those final allocation amounts within two months of an affirmative vote in favor of this motion.	***Ayes:*** Ballesteros, Cadden, Cataldo, Donnelly, Forrest, Fox, Granados, Green, Johnson, King, Kochems, Kushner, Land, Liso, Lopez, Martinez, Morales, Munoz, Palmeros, Pérez, Rios, Rivera, Rosales, Rotenberg, Smith, Tula, Winder, Zaldivar ***Opposed:*** None ***Abstentions:*** Goddard	**MOTION PASSED** **Ayes**: 28 **Opposed:** 0 **Abstentions**: 1
MOTION 7: Recommend that DHSP use approximately $1-$1.5 million in Net County Cost (NCC) funds to pay for FY 2013-2014 Residential Service expenditures with RW Part B funds to: ▸ expand the availability of and access to Pre-Exposure (PrEP) and non-occupational Post-Exposure (PEP) Prophylaxis interventions (prescriptions and clinical support) to highly impacted populations and people at high risk of HIV infection through integrated clinical and prevention program sites; and ▸ request a report back to the Commission from DHSP within three months of an affirmative vote in favor of this motion on plans to implement the expenditure of those funds for those purposes.	***Ayes:*** Ballesteros, Cadden, Cataldo, Donnelly, Forrest, Fox, Goddard, Granados, Green, Johnson, King, Kochems, Kushner, Land, Liso, Lopez, Martinez, Morales, Munoz, Palmeros, Pérez, Rios, Rivera, Rosales, Rotenberg, Smith, Tula, Winder, Zaldivar ***Opposed:*** None ***Abstentions:*** None	**MOTION PASSED** **Ayes**: 29 **Opposed:** 0 **Abstentions**: 0
MOTION 8: Approve an additional FY 2014 priority- and allocation-setting directive to encourage the administrative agency, DHSP, to establish an ongoing contractual, retainer, consulting or staffing relationship with a Third Party Administrator (TPA) that can fulfill relevant specified management and programmatic needs, when identified, and request a report from	***Passed by Consensus***	**MOTION PASSED**

MOTION AND VOTING SUMMARY		
DHSP within six months to update the Commission on options/alternatives allowed by the County and the Department of Public Health (DPH) to deploy a realistic strategy, timeline and necessary steps to implement such a relationship; and progress towards that goal.		
MOTION 9: Apply the FY 2014 care, treatment and prevention allocation methodologies to determine FY 2015 base funding allocations and forward to DHSP for use in the annual Ryan White Part A and CDC applications and for other, related purposes, as appropriate and with the understanding that these preliminary allocations may be adjusted at a later point in the FY 2015 Priority- and Allocation-Setting Process.	***Ayes:*** Ballesteros, Cadden, Cataldo, Donnelly, Forrest, Fox, Goddard, Granados, Green, Johnson, King, Kochems, Kushner, Land, Liso, Lopez, Martinez, Morales, Munoz, Palmeros, Pérez, Rios, Rivera, Rosales, Rotenberg, Smith, Tula, Winder, Zaldivar ***Opposed:*** None ***Abstentions:*** None	**MOTION PASSED** **Ayes**: 29 **Opposed:** 0 **Abstentions**: 0